

REC'D NOV 15 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

33994
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1003**
(c) City **St. Louis, Missouri** (d) Street No. **City Sanitarium** Registered No. **8980**
(e) Length of residence in city or town where death occurred **64** yrs. **9** mos. **2** ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. **1409 E. Grand Ave.** St. **9** (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Single**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Single**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **12 - 20 - 1873**

7. AGE YEARS **64** MONTHS **9** DAYS **22** If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Book-keeper**
9. Industry or business in which work was done, as saw mill, bank, etc. **Book-keeper**
10. Date deceased last worked at this occupation (month and year) **About 1900** 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) **St. Louis, Missouri** (STATE OR COUNTRY)

FATHER 13. NAME **Frank Gorman**

14. BIRTHPLACE (CITY OR TOWN) **Unknown Ireland** (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME **Ellen Hogan**

16. BIRTHPLACE (CITY OR TOWN) **Unknown Ireland** (STATE OR COUNTRY)

17. INFORMANT **John B. Varber, M.D.** (ADDRESS) **5400 Arsenal St**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary** DATE **Oct 15th 1938**

19. FUNERAL DIRECTOR (NAME) **Stroot - Carroll** (ADDRESS) **4600 Natural Bridge Ave**

20. FILED **OCT 14 1938** **J. Bredbeck** Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **10-12-38**, 19

22. I HEREBY CERTIFY, That I attended deceased from **7-1-38**, 19, to **10-12-38**, 19.

I last saw him alive on **10-12-38**, 19. Death is said

to have occurred on the date stated above, at **8:35 P.M.**

The principal cause of death and related causes of importance were as follows:

Degenerative Myocarditis with Sudden failure 7-1-38 x

Date of onset

Other contributory causes of importance: **Arteriosclerosis Deteriorated Schizophrenia**

Name of operation **7-1-38x** Date of

What test confirmed diagnosis? Was there an autopsy? **Yes**

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) **John B. Varber**, M. D.

(Address) **City Sanitarium**

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed

Sheldon Collins

Licensed Embalmer No.

3382

P. O. Address

North Bridge St. St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.